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Editorial

BRITSpA at Five

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It may seem that spondyloarthritis (SpA) has come of age, with new pathogenetic insights, valuable animal models and effective biologic therapies that have led to significant improvements in affected individuals. However, for all patients to receive the best care and for every research opportunity to be taken, clinicians and scientists in each country need to collaborate locally as well as internationally to ensure that innovations lead to the best service quality within the context of each nation's health services structure.

British clinicians and scientists-have done much over the years to put SpA on the world map and revolutionise its treatment (1, 2). The once flickering flame of Ankylosing Spondylitis (AS) has become an inferno of energetic and productive research. Recent developments in understanding of the disease thanks partly to the availability of magnetic resonance imaging (MRI) have even led to changed terminology to axial spondyloarthritis (axSpA) to encompass the spectrum of inflammatory spinal disease (3). Combined efforts led by clinicians, academics, the pharmaceutical industry and patient organisations such as the National Axial Spondyloarthritis Society (NASS) have applied pressure, support and encouragement to foster better services and new knowledge.

In Britain, as elsewhere, there has been no lack of enthusiasm to improve services to patients, and find the way to cure and prevention. However, in spite of recent advances, ensuring that everyone with SpA benefits and achieves the best possible outcome is not easy. The relative rarity of major academic units dedicated to SpA and the heavy multifaceted commitments of NHS clinicians has made it difficult for British clinicians and scientists to play their full part. Moreover, although the annual meeting of the British Society for Rheumatology (BSR) includes a SpA Special Interest Group session, the demise of the dedicated Arthritis Research UK (now Versus Arthritis) SpA Clinical Studies Group removed an important impetus for research and progress within the field. However, the opportunities are there; the high calibre of scientists and academic institutions, the drive offered by the biologic era and the long tradition of UK rheumatologists working closely with other health professional has begged to be exploited in terms of developing services and research.

And so, in 2012, a group of UK rheumatologists sat down to design and develop a mechanism by which British clinicians and scientists interested in SpA could be encouraged and supported to make their contributions to easing the problems facing so many individuals living with these conditions. In seeking to play our full part alongside international colleagues, the founding group acknowledged that there was a substantial need for education and support for heavily committed clinicians trying to build sub-speciality expertise.

The British Society for Spondyloarthritis (BRITSpA) was conceived to facilitate the sharing of information and networking among members of the various medical and scientific disciplines associated with SpA and to enhance research, diagnosis and treatment of these conditions. And, importantly, to engage UK clinicians and scientists in achieving this. Thus, the society took shape as a registered charity governed by strict Charity Commission guidelines; income would be free of tax, donations could benefit from charitable supplements and officers and membership would not profit personally from BRITSpA's activity. Any enterprise such as this needs money and support and in this context, the pharmaceutical industry and NASS remain staunch and valued companions sharing common objectives.

So what has BRITSpA achieved, and what will be its role, if any, in the future? As a small, modestly-funded national group, BRITSpA has sought primarily to build a fruitful network and, to create a mutually supportive community committed to improving the lives of patients. BRITSpA held its first annual scientific meeting in 2015 and the rapidly increasing membership and waiting list for the annual meeting suggest engagement is mounting. BRITSpA's current membership is a reflection of the multidisciplinary teamworking which is already a key element of British rheumatology. Physiotherapists and specialist nurses offer much in the care of SpA patients with high levels of expertise, knowledge and passion but have traditionally lacked adequate forums for networking and education. BRITSpA has also engaged scientists and clinicians in other fields, including radiology and primary care, in what undoubtedly constitutes its first key achievement: the promotion and nourishment of a truly multidisciplinary community of professionals.

A second key objective has been to "upskill" those involved in providing services for patients with SpA, and to foster the development of local sub-specialty clinics and multidisciplinary services. The annual scientific meeting clearly provides an effective educational focus with great opportunities for networking. However, the need for structured learning remains and the aim is to provide further opportunities through educational courses and the recently launched Travelling Fellowship initiative.

A further key aim of BRITSpA has been the engagement of the membership in clinical research. The impediments to this are substantial, with limited access for clinicians to funding, time and expertise. However, the multidisciplinary nature of the group is clearly a strength, in that a variety of BRITSpA supported studies have already borne fruit. Through the employment of a full-time research fellow, and in conjunction with its members, BRITSpA has led and supported research in collaboration with national and international groups such as the British Society of Skeletal Radiology (4) or the Assessment of Spondyloarthritis International Society (ASAS) (5, 6). Further, and through close collaboration with organisations such as NICE or BSR, BRITSpA has participated in the development of the NICE Clinical Guidelines in Spondyloarthritis (7) and Quality Standards (8) or the incorporation of axSpA in the latest NEIA. Its longstanding collaboration with NASS has led to the development of an inception axSpA cohort to document, among other objectives, the impact of delayed diagnosis, a key target of NASS members in the UK; and it has highlighted both the progress and the need for further service developments (9) culminating in its partnership in NASS' led "Aspiring to Excellence Programme".

The original commitments therefore of engagement, education and research are very much in progress. BRITSpA is becoming what was needed: not a competitor to other productive groups, certainly not a 'Brexitised' loner, but a mechanism for mobilising and supporting talent, ability, motivation and expertise within the UK to achieve a future for people with SpA that would be impossible for unsupported, service-weary clinicians. In a world where substantial expertise, both pharmaceutical and academic, is being brought to bear in the field of Spondyloarthritis, British rheumatologists are stepping up to the mark.

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